

County: Outagamie
 FRANCISCAN CARE/REHABILITATION CENTER
 2915 NORTH MEADE STREET
 APPLETON 54911 Phone:(920) 831-8700
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/02): 192
 Total Licensed Bed Capacity (12/31/02): 200
 Number of Residents on 12/31/02: 178

Facility ID: 1120

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Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 181

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			41.0
Supp. Home Care-Personal Care	No						More Than 4 Years			38.2
Supp. Home Care-Household Services	No		Developmental Disabilities	0.6	Under 65	2.8				20.8
Day Services	No		Mental Illness (Org./Psy)	14.6	65 - 74	9.0				-----
Respite Care	Yes		Mental Illness (Other)	1.7	75 - 84	36.0				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	42.1	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.6	95 & Over	10.1	Full-Time Equivalent			
Congregate Meals	No		Cancer	4.5		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	9.0		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	19.7	65 & Over	97.2	-----			
Transportation	No		Cerebrovascular	11.2		-----	RNs			12.3
Referral Service	No		Diabetes	3.4	Sex	%	LPNs			3.9
Other Services	Yes		Respiratory	9.6		-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	25.3	Male	19.7	Aides, & Orderlies			
Mentally Ill	No			-----	Female	80.3				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Diem Resi- dents	Of All
Int. Skilled Care	0	0.0	0	1	0.8	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.6
Skilled Care	18	100.0	280	113	95.8	112	0	0.0	0	42	100.0	149	0	0.0	0	0	0.0	0	0	0.0	173	97.2
Intermediate	---	---	---	4	3.4	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	4	2.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	18	100.0		118	100.0		0	0.0		42	100.0		0	0.0		0	0.0		0	0.0	178	100.0

Admissions, Discharges, and Deaths During Reporting Period			Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:			Activities of		% Needing	Total
			%		Assistance of	Number of
			Independent		One Or Two Staff	Residents
Private Home/No Home Health	14.5		Daily Living (ADL)	16.3	42.1	178
Private Home/With Home Health	2.3		Bathing	19.1	42.7	178
Other Nursing Homes	2.6		Dressing	30.3	46.6	178
Acute Care Hospitals	78.9		Transferring	28.1	23.0	178
Psych. Hosp.-MR/DD Facilities	0.0		Toilet Use	70.2	26.4	178
Rehabilitation Hospitals	0.0		Eating		12.4	178
Other Locations	1.7		*****			
Total Number of Admissions	351		Continence	%	Special Treatments	%
Percent Discharges To:			Indwelling Or External Catheter	7.3	Receiving Respiratory Care	12.4
Private Home/No Home Health	44.3		Occ/Freq. Incontinent of Bladder	56.7	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	12.0		Occ/Freq. Incontinent of Bowel	42.7	Receiving Suctioning	0.6
Other Nursing Homes	4.5				Receiving Ostomy Care	1.7
Acute Care Hospitals	12.3		Mobility		Receiving Tube Feeding	1.7
Psych. Hosp.-MR/DD Facilities	0.0		Physically Restrained	17.4	Receiving Mechanically Altered Diets	33.1
Rehabilitation Hospitals	0.0					
Other Locations	5.6		Skin Care		Other Resident Characteristics	
Deaths	21.3		With Pressure Sores	6.7	Have Advance Directives	78.1
Total Number of Discharges			With Rashes	0.6	Medications	
(Including Deaths)	357				Receiving Psychoactive Drugs	27.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.5	87.4	1.04	85.1	1.06
Current Residents from In-County	78.7	84.3	0.93	76.6	1.03
Admissions from In-County, Still Residing	17.4	15.2	1.14	20.3	0.86
Admissions/Average Daily Census	193.9	213.3	0.91	133.4	1.45
Discharges/Average Daily Census	197.2	214.2	0.92	135.3	1.46
Discharges To Private Residence/Average Daily Census	111.0	112.9	0.98	56.6	1.96
Residents Receiving Skilled Care	97.8	91.1	1.07	86.3	1.13
Residents Aged 65 and Older	97.2	91.8	1.06	87.7	1.11
Title 19 (Medicaid) Funded Residents	66.3	65.1	1.02	67.5	0.98
Private Pay Funded Residents	23.6	22.6	1.04	21.0	1.12
Developmentally Disabled Residents	0.6	1.5	0.39	7.1	0.08
Mentally Ill Residents	16.3	31.3	0.52	33.3	0.49
General Medical Service Residents	25.3	21.8	1.16	20.5	1.23
Impaired ADL (Mean)*	48.0	48.9	0.98	49.3	0.97
Psychological Problems	27.0	51.6	0.52	54.0	0.50
Nursing Care Required (Mean)*	7.1	7.4	0.96	7.2	0.99